

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10807429 FILING DATE

APPLICANT(S)

| CLAIMS | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|------------------------|-----|------------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | 45 | | | | | |
| TOTAL CLAIMS | 46 | | | | | |

| CLAIMS | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |